

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 588282

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.		DEP.		IND.			IND.		IND.		IND.	
	1				1					51			
2					1					52			
3					1					53			
4					1					54			
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45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.					1								
TOTAL DEP.					3								
TOTAL CLAIMS					4								